

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Marvin

First name

Alexander

Middle name

Cobb

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Priscilla

First name

Gail

Middle name

Cobb

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2111

xxx-xx-2607

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s) _____

EINs _____

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s) _____

EINs _____

5. Where you live**2504 Pepperfield Drive
Raleigh, NC 27604**

Number, Street, City, State & ZIP Code

Wake

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Marvin Alexander Cobb**Marvin Alexander Cobb**

Signature of Debtor 1

/s/ Priscilla Gail Cobb**Priscilla Gail Cobb**

Signature of Debtor 2

Executed on August 2, 2017
MM / DD / YYYYExecuted on August 2, 2017
MM / DD / YYYY

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ R. Lee Roland for LOJTO

Signature of Attorney for Debtor

Date

August 2, 2017

MM / DD / YYYY

R. Lee Roland for LOJTO

Printed name

The Law Offices of John T. Orcutt, PC

Firm name

**6616-203 Six Forks Road
Raleigh, NC 27615**

Number, Street, City, State & ZIP Code

Contact phone **(919) 847-9750**

Email address

postlegal@johnorcutt.com**41930**

Bar number & State

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb	
	First Name	Middle Name
Debtor 2	Priscilla Gail Cobb	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	
Case number (if known)		

Check if this is an
amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$23,652.36	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$56,912.04	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,294.50
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$48,224.05	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$14,689.71

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--	--	--	---

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Paid ordinary payments, in part, on bills and loans.		\$0.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
DECAF 112 Goliad Street Benbrook, TX 76126-2009	Credit Counseling	07/2017	\$15.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

Debtor 1 Marvin Alexander Cobb
Debtor 2 Priscilla Gail Cobb

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Marvin Alexander Cobb
Debtor 2 Priscilla Gail Cobb

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**Case number (*if known*) _____**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Marvin Alexander Cobb
Marvin Alexander Cobb
Signature of Debtor 1

/s/ Priscilla Gail Cobb
Priscilla Gail Cobb
Signature of Debtor 2

Date August 2, 2017Date August 2, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1	Marvin Alexander Cobb	
	First Name	Middle Name
Debtor 2	Priscilla Gail Cobb	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	
Case number		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

2504 Pepperfield Drive

Street address, if available, or other description

Raleigh **NC** **27604-0000**

City State ZIP Code

Wake

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$130,229.00

Current value of the portion you own?

\$130,229.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

If you own or have more than one, list here:1.2 **Westgate Myrtle Beach Oceanfront
Resort
415 S Ocean Blvd**
Street address, if available, or other description**Myrtle Beach SC 29577-0000**
City State ZIP Code**Horry**

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the
entire property? \$7,000.00** **Current value of the
portion you own? \$7,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

 **Check if this is community property
(see instructions)****Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor's Intent to Surrender

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$137,229.00**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No
 Yes

3.1 Make: **Toyota**
Model: **Avalon**
Year: **2004**
Approximate mileage: **197,398**
Other information:
**GEICO Auto Insurance: Policy #
xxxxxx8970****Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 **Check if this is community property
(see instructions)**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the
entire property? \$2,840.00** **Current value of the
portion you own? \$2,840.00**3.2 Make: **Toyota**
Model: **Camry**
Year: **2011**
Approximate mileage: **123,711**
Other information:
**GEICO Auto Insurance: Policy #
xxxxxx8970****Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 **Check if this is community property
(see instructions)**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the
entire property? \$7,975.00** **Current value of the
portion you own? \$7,975.00**

Debtor 1 Marvin Alexander Cobb
Debtor 2 Priscilla Gail Cobb

Case number (if known) _____

3.3 Make: Lexus	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: ES	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 2007	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: 117,246	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		
GEICO Auto Insurance: Policy # xxxxxx8970		<input type="checkbox"/> Check if this is community property (see instructions)	\$6,200.00
			\$6,200.00
3.4 Make: Toyota	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: Avalon	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 1997	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: 231,016	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		
Progressive Auto Insurance: Policy # xxxx7793		<input type="checkbox"/> Check if this is community property (see instructions)	\$2,500.00
			\$2,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
pages you have attached for Part 2. Write that number here.....=>**\$19,515.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Household Goods**\$2,250.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Television, Stereo and Computer**\$325.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Clothing and Personal****\$300.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**Jewelry****\$150.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

Possible Consumer Rights Claim(s).
Subject to approval of settlement/award by Bankruptcy Court.
Unless otherwise specified, no specific claims are known at present.

\$0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,025.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash****\$225.00**

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking and Savings	Bank of America	\$500.00
---------------------------------------	------------------------	-----------------

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

401 (k)**401 (k)****(Value: \$1,270.00)****\$0.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.....

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$725.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.
 Yes. Go to line 38.

Debtor 1 Marvin Alexander Cobb
Debtor 2 Priscilla Gail Cobb

Case number (if known) _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

.IMPORTANT NOTICES:**(1) Valuation Method (Sch. A & B): FMV unless otherwise noted.**

(2) Creditor claims disclosed on Sch. D, E & F are estimates only, drawn largely from unverified information provided by the creditor, and shall not be considered an admission by the Debtor(s) of the amount owed, interest, late fees, etc. Nor is this listing of a creditor or representatives an admission by the Debtor(s) that such parties are actual owners of such claims.

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$137,229.00
56. Part 2: Total vehicles, line 5	\$19,515.00	
57. Part 3: Total personal and household items, line 15	\$3,025.00	
58. Part 4: Total financial assets, line 36	\$725.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$23,265.00	Copy personal property total \$23,265.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$160,494.00

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION**

In Re:

Marvin Alexander Cobb and Priscilla Gail Cobb

Case No. _____
Chapter 13

Social Security Nos.: xxx-xx-2111 & xxx-xx-2607

(Revised 10/28/16)

Address: 2504 Pepperfield Drive, Raleigh, NC 27604

Debtors.

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

We, Debtors, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and non-bankruptcy Federal Law.

1 **NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT** (This exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner (if a child use initials only) of the property below).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(a)
House and Lot 2504 Peppercorn Drive Raleigh, NC 27604	\$130,229.00 minus 6% \$122,415.26	J	Wells Fargo Home Mortgage Wake County Tax Collector	\$50,822.00 + \$1,374.77 \$52,196.77	\$70,218.49	\$70,000.00

Debtor's Age: _____

Name of former co-owner: _____

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1):	\$70,000.00
---	--------------------

2. **NCGS 1C-1601(a)(3) MOTOR VEHICLE:** (The exemption in one vehicle, not to exceed \$3,500.00 in net value).

Model, Year, Style of Motor Vehicle	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
2007 Lexus ES	\$6,200.00	D1	N/A	N/A	\$6,200.00	\$3,500.00
2004 Toyota Avalon	\$2,840.00	D2	N/A	N/A	\$2,840.00	\$3,500.00

VALUE OF MOTOR VEHICLES CLAIMED AS EXEMPT PURSUANT TO NCGS 1-C1601(a)(3):	\$7,000.00
---	------------

3. **NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL AND HOUSEHOLD GOODS:** (The debtor's aggregate interest is not to exceed \$5,000.00 plus \$1000.00 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

The number of dependents for exemption purposes is: _____ 1 _____

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing & Personal	\$300.00	J	N/A	\$0.00	\$300.00	\$300.00
Kitchen Appliances	\$200.00	J	N/A	\$0.00	\$200.00	\$200.00
Stove	\$275.00	J	N/A	\$0.00	\$275.00	\$275.00
Refrigerator	\$250.00	J	N/A	\$0.00	\$250.00	\$250.00
Freezer	\$125.00	J	N/A	\$0.00	\$125.00	\$125.00
Washing Machine	\$100.00	J	N/A	\$0.00	\$100.00	\$100.00
Dryer	\$100.00	J	N/A	\$0.00	\$100.00	\$100.00
China	\$50.00	J	N/A	\$0.00	\$50.00	\$50.00
Silver	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Jewelry	\$150.00	J	N/A	\$0.00	\$150.00	\$150.00
Living Room Furniture	\$75.00	J	N/A	\$0.00	\$75.00	\$75.00
Den Furniture	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Bedroom Furniture	\$325.00	J	N/A	\$0.00	\$325.00	\$325.00
Dining Room Furniture	\$225.00	J	N/A	\$0.00	\$225.00	\$225.00
Lawn Furniture	\$50.00	J	N/A	\$0.00	\$50.00	\$50.00
Television	\$150.00	J	N/A	\$0.00	\$150.00	\$150.00
() Stereo () VCR/DVD	\$75.00	J	N/A	\$0.00	\$75.00	\$75.00
() Radio () VideoCamera	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Musical Instruments	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
() Piano () Organ	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Air Conditioner	\$400.00	J	N/A	\$0.00	\$400.00	\$400.00
Paintings / Art	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Lawn Mower	\$50.00	J	N/A	\$0.00	\$50.00	\$50.00
Yard Tools	\$25.00	J	N/A	\$0.00	\$25.00	\$25.00
Crops	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Recreational Equipment	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Computer Equipment	\$100.00	J	N/A	\$0.00	\$100.00	\$100.00
Pets & Other Animals	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00
Firearms	\$0.00	J	N/A	\$0.00	\$0.00	\$0.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4):	\$11,000.00
---	-------------

4. **NCGS 1C-1601(a)(5) TOOLS OF TRADE:** (The debtor's aggregate interest is not to exceed \$2,000.00 in net value.)

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
N/A	N/A	N/A	N/A	N/A	N/A	N/A

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5):

N/A

5. **NCGS 1C-1601(a)(6) LIFE INSURANCE:** (NC Const., Article X, Sect. 5) (Note: There is no limit on policies or amounts.)

Description	Insured	Last 4 Digits of Policy Number	Beneficiary (If child, initials only)	Cash Value
N/A	N/A	N/A	N/A	N/A

6. **NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS:** Debtor or Debtor's Dependents. (No limit on value.) (Q)

Description
N/A

7. **NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR THE DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.** (There is no limit on this exemption)

Description	Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy / Annuity
(1) Possible Consumer Rights Claim(s) (Unless specified, no specific claims are known at present)	
(2)	

The Debtors claim an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance of Exemptions and an Amendment to this Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the Debtors under another exemption, such as the wildcard exemption, under applicable exemptions law. The time within which the trustee may object to the claiming of any exemption in this asset, shall be deemed tolled until such time as the Motion and Amendment are filed and served upon the trustee.

8. **NCGS 1C-1601(a)(2) WILDCARD EXEMPTION (ANY PROPERTY):** (Debtor's aggregate interest in any other property is not to exceed \$5,000.00 in net value of any unused exemption amount to which debtor is entitled under NCGS 1C-1601(a)(1)(debtor's residence exemption).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
Any property owned by the debtor(s), not otherwise claimed as exempt (see * below)						

House and Lot 2504 Peppercorn Drive Raleigh, NC 27604 *Remaining Equity from Residential Exemption*	\$130,229.00 minus 6% \$122,415.26	J	Wells Fargo Home Mortgage	\$50,822.00	\$70,218.49 Minus <u>\$70,000.00</u> \$218.49	\$0.00
2007 Lexus ES *Remaining Equity from Motor Vehicle Exemption*	\$6,200.00	J	N/A	N/A	\$6,200.00 Minus <u>\$3,500.00</u> \$2,700.00	\$0.00
2011 Toyota Camry	\$7,975.00	J	Santander USA	\$12,923.58	\$0.00	\$0.00
1997 Toyota Avalon	\$2,500.00	J	N/A	N/A	\$2,500.00	\$0.00
Bank of America (Checking and Savings Accounts)	\$500.00	J	N/A	N/A	\$500.00	\$0.00
Cash on Hand	\$225.00	J	N/A	N/A	\$225.00	\$0.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2):

\$0.00

* including therewith any and all amounts on deposit, if any, as of the date of filing, in bank or investment accounts, above and beyond those amounts specifically referenced and exempted in this exemption, but only to the extent of and not exceeding the residual value available pursuant to this exemption.

9. **NCGS 1C-1601(a)(9) and 11 U.S.C. 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS**, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in Sections 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in Section 408(b) of the Internal Revenue Code, accounts established as part of a trust described in Section 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under Sections 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90. (There is no limit on amount of this exemption. All such funds are claimed as exempt.)

Type of Account	Location of Account	Last 4 Digits of Account Number
See Schedule B	Employers 401 (k) Plan	2111

10. **NCGS. § 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN**, as qualified under Section 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. Sections 541(b)(5)-(6), and (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan	Last 4 Digits of Account Number	Value	Initials of Child Beneficiary
N/A	N/A	N/A	N/A

11. **NCGS1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES** (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.)

Name of Retirement Plan	State or Governmental Unit	Last 4 Digits of Identifying Number
N/A	N/A	N/A

12. **NCGS. 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED** (The debtor's interest is exempt to the extent the

payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.)

Type of Support	Amount	Location of Funds
Any and all such items.	N/A	N/A

13. TENANCY BY THE ENTIRETY: The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(2)(B) and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (Note: There is no limit on amount or number of items.)

Description of Property & Address	Market Value	Lien Holder	Amount of Lien	Net Value
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

14. NORTH CAROLINA PENSION FUND EXEMPTIONS:

	Amount
a. North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31	N/A
b. North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9	N/A
c. Fireman's Relief Fund pensions N.C.G.S. § 58-86-90	N/A
d. Fraternal Benefit Society benefits N.C.G.S. § 58-24-85	N/A
e. Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment N.C.G.S. § 135-95	N/A
f. Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment N.C.G.S. § 143-166.30(g)	N/A

15. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

	Amount
a. Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36	N/A
b. Aid to the Blind N.C.G.S. § 111-18	N/A
c. Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15	N/A
d. Workers Compensation benefits N.C.G.S. § 97-21	N/A
e. Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17	N/A
f. Group insurance proceeds N.C.G.S. § 58-58-165	N/A
g. Partnership property, except on a claim against the partnership N.C.G.S. § 59-55	N/A
h. Wages of debtor necessary for the support of family N.C.G.S. § 1-362 ** Any and all amounts on deposit in checking, savings or other accounts on the date of filing, if any, above and beyond amounts claimed under the wildcard exemption, that qualify pursuant to the requirements of this exemption.	See ** (to left)
i. Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment N.C.G.S. § 143-166.60(h)	N/A
j. Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment N.C.G.S. § 147-9.4	N/A

16. FEDERAL PENSION FUND EXEMPTIONS:

	Amount
a. Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060	N/A
b. Civil Service Retirement Benefits 5 U.S.C. § 8346	N/A
c. Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m	N/A
d. Veteran benefits 38 U.S.C. § 5301	N/A
e. Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562	N/A
f. Annuities payable for service in the General Accounting Office 31 U.S.C. § 776	N/A

17. OTHER EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

	Amount
a. Social Security Benefits 42 U.S.C. § 407	N/A
b. Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	N/A
c. Wages owing a master or seaman, except for support of a spouse and/or minor children 46 U.S.C. § 11109	N/A
d. Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	N/A
e. Crop insurance proceeds 7 U.S.C. § 1509	N/A
f. Public safety officers' death benefits 42 U.S.C. § 3796. See subsection (g).	N/A
g. Railroad unemployment insurance 45 U.S.C. § 352. See subsection (e).	N/A

18. RECENT PURCHASES

(a) List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
N/A	N/A	N/A	N/A	N/A

(b) List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt
N/A	N/A

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds
- c. Of a lien by a laborer for work done and performed for the person
- d. Of a lien by a mechanic for work done on the premises, but only as to specific property affected
- e. For payment of obligations contracted for the purchase of specific real property affected
- f. For contractual security interests in specific affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods
- g. For statutory liens, on the specific property affected, other than judicial liens
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina
- i. For criminal restitution orders docketed as civil judgments pursuant to NCGS 15A-1340.38
- j. Debts of a kind specified in 11 U.S.C. 523(a)(1) (certain taxes), (5) (domestic support obligations)
- k. Debts of a kind specified in 11 U.S.C. 522(c)

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value

See schedules filed in this case.	N/A	N/A	N/A	N/A	N/A
-----------------------------------	-----	-----	-----	-----	-----

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b) and except as may constitute reasonable and allowable prepetition exemption planning, has been included in this claim of exemptions. None of the claims listed in paragraph 19 is subject to this claim of exemptions. I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

We Debtors, declare under penalty of perjury that we have read the foregoing Schedule C-1 Property Claimed as Exempt, consisting of 19 paragraphs on consecutive pages, and that they are true and correct to the best of our knowledge, information and belief.

Executed on: _____

s/ Marvin Alexander Cobb
Marvin Alexander Cobb

s/ Priscilla Gail Cobb
Priscilla Gail Cobb

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb		
	First Name	Middle Name	Last Name
Debtor 2	Priscilla Gail Cobb		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Case number (if known)			

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 **HRW, Inc.**
Creditor's Name

**4700 Homewood Court
Suite 380
Raleigh, NC 27609**
Number, Street, City, State & Zip Code

Describe the property that secures the claim: **\$0.00** **\$130,229.00** **\$0.00**

**2504 Pepperfield Drive Raleigh, NC
27604 Wake County**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Homeowners Association Dues**

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.2 **Santander Consumer USA**
Creditor's Name

**Attn:
Bankruptcy/Managing
Agent
Post Office Box 560284
Dallas, TX 75356-0284**
Number, Street, City, State & Zip Code

Describe the property that secures the claim: **\$12,923.58** **\$7,975.00** **\$4,948.58**

**2011 Toyota Camry 123,711 miles
GEICO Auto Insurance: Policy #
xxxxxx8970**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Purchase Money Security Interest**

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Debtor 1	Marvin Alexander Cobb			Case number (if known)			
	First Name	Middle Name	Last Name				
Debtor 2	Priscilla Gail Cobb						
	First Name	Middle Name	Last Name				
Date debt was incurred		2012	Last 4 digits of account number				
2.3		Wake County Tax Collector Creditor's Name	Describe the property that secures the claim: 2504 Pepperfield Drive Raleigh, NC 27604 Wake County	\$1,374.77	\$130,229.00	\$0.00	
Post Office Box 2331 Raleigh, NC 27602		Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
		<input type="checkbox"/> Judgment lien from a lawsuit					
		<input checked="" type="checkbox"/> Other (including a right to offset)	Real Property Taxes - Included In Escrow				
Date debt was incurred		Last 4 digits of account number					
2.4		Wells Fargo Home Mortgage Creditor's Name	Describe the property that secures the claim: 2504 Pepperfield Drive Raleigh, NC 27604 Wake County	\$50,822.00	\$130,229.00	\$0.00	
Attn: Managing Agent Post Office Box 10335 Des Moines, IA 50306		Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated					
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
		<input type="checkbox"/> Judgment lien from a lawsuit					
		<input checked="" type="checkbox"/> Other (including a right to offset)	Deed of Trust				
Date debt was incurred		Last 4 digits of account number					
2.5		Westgate Group LLC Creditor's Name	Describe the property that secures the claim: Westgate Myrtle Beach Oceanfront Resort 415 S Ocean Blvd Myrtle Beach, SC 29577 Horry County *Debtor's Intend to Surrender*	\$4,889.45	\$7,000.00	\$0.00	
11973 Westline Industrial Drive Saint Louis, MO 63146-3203		Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
		<input type="checkbox"/> Judgment lien from a lawsuit					
Who owes the debt? Check one.		Nature of lien. Check all that apply.					
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset)	Real Property Taxes - Included In Escrow				

Debtor 1	Marvin Alexander Cobb			Case number (if known)	_____
	First Name	Middle Name	Last Name		
Debtor 2	Priscilla Gail Cobb				
	First Name	Middle Name	Last Name		
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> Other (including a right to offset)		Deed of Trust _____	
Date debt was incurred _____		Last 4 digits of account number _____			

Add the dollar value of your entries in Column A on this page. Write that number here:	\$70,009.80
If this is the last page of your form, add the dollar value totals from all pages.	\$70,009.80
Write that number here:	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Pinnacle Recovery, Inc. Post Office Box 130848 Carlsbad, CA 92013-0848	On which line in Part 1 did you enter the creditor? <u>2.5</u>
		Last 4 digits of account number _____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Shapiro & Ingle, LLP 10130 Perimeter Parkway Suite 400 Charlotte, NC 28216	On which line in Part 1 did you enter the creditor? <u>2.4</u>
		Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb		
	First Name	Middle Name	Last Name
Debtor 2	Priscilla Gail Cobb		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service (ED)** Priority Creditor's Name Post Office Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number	\$5,765.17	\$5,765.17	\$0.00
		When was the debt incurred?	2013-2015		
		As of the date you file, the claim is:	Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Federal Income Taxes		
		Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
		Check if this claim is for a community debt	<input type="checkbox"/>		
		Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Marvin Alexander Cobb

Debtor 2 Priscilla Gail Cobb

Case number (if known)

2.2	Law Office of John T Orcutt	Last 4 digits of account number	\$5,295.00	\$5,295.00	\$0.00
	Priority Creditor's Name 6616 Six Forks Road Suite 203 Raleigh, NC 27615	When was the debt incurred?	07/2017		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations			
		<input type="checkbox"/> Taxes and certain other debts you owe the government			
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Administrative Expenses Attorney Fees			
2.3	North Carolina Dept. of Revenue**	Last 4 digits of account number	\$4,429.81	\$4,429.81	\$0.00
	Priority Creditor's Name Post Office Box 1168 Raleigh, NC 27602-1168	When was the debt incurred?	2013 - 2016		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations			
		<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input type="checkbox"/> Other. Specify State Income Taxes			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

 No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.1	<p>IMPORTANT NOTICE: _____</p> <p>Nonpriority Creditor's Name _____</p> <p>See notice re: creditor claims set forth on Schedule A</p> <p>Number Street City State Zip Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.2	<p>Amcol Systems, Inc. _____</p> <p>Nonpriority Creditor's Name _____ \$4,656.00</p> <p>111 Lancewood Road Columbia, SC 29210</p> <p>Number Street City State Zip Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify 6 Collection Accounts _____</p>	
4.3	<p>Amcol Systems, Inc. _____</p> <p>Nonpriority Creditor's Name _____ \$1,318.00</p> <p>111 Lancewood Road Columbia, SC 29210</p> <p>Number Street City State Zip Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Account _____</p>	

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.4	<p>American Financial Solutions Nonpriority Creditor's Name P.O. Box 65018 Baltimore, MD 21264 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Collection Account</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1,008.10</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.5	<p>American Student Assistance Nonpriority Creditor's Name Post Office Box 415499 Boston, MA 02241-5499 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Student Loan</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$18,263.00</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.6	<p>AmeriFinancial Solutions, LLC Nonpriority Creditor's Name Post Office Box 65018 Baltimore, MD 21264-5018 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Collection Account</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$570.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.7	AT&T Nonpriority Creditor's Name Wireless Correspondence Post Office Box 10330 Fort Wayne, IN 46851-0330 Number Street City State Zip Code	Last 4 digits of account number _____ \$51.00 When was the debt incurred? _____
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Collection Account		
4.8		
Atlantic Family Dental: Nonpriority Creditor's Name Robert Eisberg DDS 3944 Atlantic Avenue Raleigh, NC 27604 Number Street City State Zip Code		
Last 4 digits of account number _____ \$71.40 When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bills		
4.9		
Cary Cardiology Nonpriority Creditor's Name Post Office Box 5606 Cary, NC 27512 Number Street City State Zip Code		
Last 4 digits of account number _____ \$100.00 When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bills		

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.1
0

Coastal Federal Credit Union Nonpriority Creditor's Name Attn: Managing Agent Post Office Box 58429 Raleigh, NC 27658	Last 4 digits of account number _____	Unknown
Number Street City State Zip Code	When was the debt incurred? _____	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Bank Fees _____	

4.1
1

Delta Management Associates, Inc. Nonpriority Creditor's Name Post Office Box 9191 Chelsea, MA 02150	Last 4 digits of account number _____	\$18,390.12
Number Street City State Zip Code	When was the debt incurred? _____	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
Student Loan		

4.1
2

Dept of Education/Navient Nonpriority Creditor's Name Post Office Box 9655 Wilkes Barre, PA 18773-9655	Last 4 digits of account number _____	\$19,727.00
Number Street City State Zip Code	When was the debt incurred? 2011	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
Student Loan		

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 3</div> <p>DIRECTV Nonpriority Creditor's Name ATTN: Bankruptcies Post Office Box 6550 Greenwood Village, CO 80155-6550 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$550.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account</p>
<hr/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 4</div> <p>Duke Healthcare Nonpriority Creditor's Name 5213 South Alston Avenue Durham, NC 27713 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ \$50.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	
<hr/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 5</div> <p>Duke Healthcare Nonpriority Creditor's Name 5213 South Alston Avenue Durham, NC 27713 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ \$1,451.01</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.1
6

Duke Medicine Nonpriority Creditor's Name 5213 South Alston Avenue Durham, NC 27713 Number Street City State Zip Code	Last 4 digits of account number _____	\$411.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bills	

4.1
7

Duke Medicine Nonpriority Creditor's Name 5213 South Alston Avenue Durham, NC 27713 Number Street City State Zip Code	Last 4 digits of account number _____	\$1,149.51
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bills	

4.1
8

Duke Medicine Nonpriority Creditor's Name 5213 South Alston Avenue Durham, NC 27713 Number Street City State Zip Code	Last 4 digits of account number _____	\$411.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bills	

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.1 9	<p>Duke Raleigh Hospital Nonpriority Creditor's Name Post Office Box 70841 Charlotte, NC 28272-0841 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	Last 4 digits of account number _____ \$102.60
4.2 0	<p>Durham County EMS Nonpriority Creditor's Name 402 Stadium Drive Durham, NC 27704 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	Last 4 digits of account number _____ \$606.00
4.2 1	<p>Family Medical Associates Nonpriority Creditor's Name of Raleigh, PA 3500 Bush Street, Ste 103 Raleigh, NC 27609-7509 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	Last 4 digits of account number _____ \$924.64

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.2
2

Internal Revenue Service (ED)**	Last 4 digits of account number	\$13,842.16
Nonpriority Creditor's Name Post Office Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred? 2010 - 2012	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Federal Income Taxes	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.2
3

LCA Collections	Last 4 digits of account number	\$10.84
Nonpriority Creditor's Name Post Office Box 2240 Burlington, NC 27216-2240	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.2
4

McLauring Parking	Last 4 digits of account number	\$30.00
Nonpriority Creditor's Name Post Office Box 781 Raleigh, NC 27602	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services Rendered	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.2	National General Insurance Nonpriority Creditor's Name Post Office Box 3199 Winston Salem, NC 27102-3199 Number Street City State Zip Code	Last 4 digits of account number _____	\$544.55
5	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	When was the debt incurred? _____		
6	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Insurance Deficiency _____		
4.2	Optimum Outcomes Inc Nonpriority Creditor's Name P.O. Box 58015 Raleigh, NC 27658 Number Street City State Zip Code	Last 4 digits of account number _____	\$102.00
6	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	When was the debt incurred? _____		
7	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 3 Collection Accounts _____		
4.2	Physicians Lab Consultants Nonpriority Creditor's Name Post Office Box 100559 Florence, SC 29501-0559 Number Street City State Zip Code	Last 4 digits of account number _____	\$9.50
7	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	When was the debt incurred? _____		
7	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills _____		

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.2
8**Professional Account Management
LLC**

Nonpriority Creditor's Name

**Post Office Box 6649
Rockville, MD 20849-6649**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Collection Account**

Last 4 digits of account number _____ \$50.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

4.2
9**Raleigh Emergency Med Assoc.**

Nonpriority Creditor's Name

**3737 Glenwood Avenue
Suite 100
Raleigh, NC 27612-5515**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Bills**

Last 4 digits of account number _____ \$542.71

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

4.3
0**Raleigh Radiology**

Nonpriority Creditor's Name

**Post Office Box 2090
Morrisville, NC 27560**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Bills**

Last 4 digits of account number _____ \$171.82

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.3 1	<p>Safe Home Security, Inc Nonpriority Creditor's Name 55 Sebethe Drive Suite 201 Cromwell, CT 06416 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1,623.00</p> <p>When was the debt incurred? 2009</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Line of Credit _____</p>
4.3 2	<p>SafeLight Raleigh Nonpriority Creditor's Name Post Office Box 28448 Raleigh, NC 27611-8448 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$50.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Traffic Violation _____</p>
4.3 3	<p>The Bone and Joint Surgery Clinic Nonpriority Creditor's Name 3410 Executive Drive Suite 103 Raleigh, NC 27609 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1,475.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills _____</p>

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.3
4**The Eye Center Doctors of Optometry**

Nonpriority Creditor's Name

302 Cross Creek Mall**Fayetteville, NC 28303**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$151.25

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bills** _____

4.3
5**UNC Health Care**

Nonpriority Creditor's Name

Patient Financial Services**200 Eastowne Drive****Chapel Hill, NC 27514**

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$2,049.58

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bills** _____

4.3
6**Wake County EMS**

Nonpriority Creditor's Name

Post Office Box 863**Lewisville, NC 27023**

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$641.04

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bills** _____

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.3
7

Wake Emergency Physicians Nonpriority Creditor's Name Post Office Box 2249 Pawleys Island, SC 29585-2249 Number Street City State Zip Code	Last 4 digits of account number _____	\$1,578.10
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bills	

4.3
8

Wake Radiology Diagnostic Imaging Nonpriority Creditor's Name Post Office Box 603435 Charlotte, NC 28260-3435 Number Street City State Zip Code	Last 4 digits of account number _____	\$69.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bills	

4.3
9

WakeMed Nonpriority Creditor's Name Bankruptcy Dept. Post Office Box 29516 Raleigh, NC 27626 Number Street City State Zip Code	Last 4 digits of account number _____	\$250.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bills	

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

4.4 0	WakeMed Health and Hospitals Nonpriority Creditor's Name Post Office Box 29516 Raleigh, NC 27626 Number Street City State Zip Code	Last 4 digits of account number _____	\$6,834.49
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>			
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>			
<p>Wakemed Patient Financial Serv. Nonpriority Creditor's Name Post Office Box 14465 Raleigh, NC 27620-4465 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>			
<p>Last 4 digits of account number _____ \$8,258.37</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>			
<p>WakeMed Physician Practices Nonpriority Creditor's Name Post Office Box 14465 Raleigh, NC 27620-4465 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>			
<p>Last 4 digits of account number _____ \$25.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

Name and Address

Afni, Inc.
404 Brock Drive
Post Office Box 3097
Bloomington, IL 61701

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Chase
Post Office Box 15298
Wilmington, DE 19850-5298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

ERC
8014 Bayberry Road
Jacksonville, FL 32256

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

ERC
8014 Bayberry Road
Jacksonville, FL 32256

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

NC Department of Justice
for NC Department of Revenue
Post Office Box 629
Raleigh, NC 27602-0629

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.3** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

RPM Receivables Management
20816 44th Avenue W.
Ste 100
Lynnwood, WA 98036

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

U.S. Attorney General
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

U.S. Attorney General
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

US Attorney's Office (ED)**
310 New Bern Avenue
Suite 800, Federal Building
Raleigh, NC 27601-1461

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

US Attorney's Office (ED)**
310 New Bern Avenue
Suite 800, Federal Building
Raleigh, NC 27601-1461

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 **Marvin Alexander Cobb**
Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim	
	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 10,194.98
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 5,295.00
Total claims from Part 2	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 15,489.98
	6f. Student loans	6f. \$ 56,380.12
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 51,738.67
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 108,118.79

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb	
	First Name	Middle Name
Debtor 2	Priscilla Gail Cobb	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	
Case number (if known)		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	Name Number Street City State ZIP Code		
2.2	Name Number Street City State ZIP Code		
2.3	Name Number Street City State ZIP Code		
2.4	Name Number Street City State ZIP Code		
2.5	Name Number Street City State ZIP Code		

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb		
	First Name	Middle Name	Last Name
Debtor 2	Priscilla Gail Cobb		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____
City _____ State _____ ZIP Code _____

3.2

Name _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____
City _____ State _____ ZIP Code _____

Fill in this information to identify your case:	
Debtor 1	Marvin Alexander Cobb
Debtor 2 (Spouse, if filing)	Priscilla Gail Cobb
United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	
Case number (If known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation**Salesman****Employer's name****Fred Anderson Toyota****Employer's address****9101 Greenwood Avenue
Raleigh, NC 27604****How long employed there? 3 Years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,328.59	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 3,328.59	\$ 0.00

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,328.59	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 457.63	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 673.18	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>Flex Spending Account</u>	5h.+ \$ 212.50	+ \$ 0.00
Disability Insurance	\$ 69.98	\$ 0.00
Term Life Insurance	\$ 103.76	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,517.05	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,811.54	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Contributions From Son</u> <u>Contributions From Daughter</u>	8h.+ \$ 350.00	+ \$ 0.00
	\$ 246.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 596.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,407.54	+ \$ 0.00 = \$ 2,407.54
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,407.54	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: _____	
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb
Debtor 2	Priscilla Gail Cobb
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for Debtor 2.

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Son

Dependent's age

33 Years

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ **0.00**

4b. \$ **0.00**

4c. \$ **0.00**

4d. \$ **135.00**

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ **0.00**

Debtor 1 **Marvin Alexander Cobb**
 Debtor 2 **Priscilla Gail Cobb**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ 125.54
6b. Water, sewer, garbage collection	6b. \$ 62.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 0.00
6d. Other. Specify: Cell Phone	6d. \$ 40.00
Internet	\$ 45.00
Home Phone	\$ 40.00

7. Food and housekeeping supplies

8. Childcare and children's education costs	7. \$ 234.00
---	---------------------

9. Clothing, laundry, and dry cleaning

10. Personal care products and services	8. \$ 0.00
---	-------------------

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	9. \$ 10.00
--	--------------------

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations	10. \$ 5.00
--	--------------------

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 166.00
15d. Other insurance. Specify:	15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: **Personal Property Taxes**

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify:	17c. \$ 0.00
17d. Other. Specify:	17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**19. Other payments you make to support others who do not live with you.**

Specify:

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

21. Other: Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.	\$ 1,055.54
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 1,055.54
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 1,055.54

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 2,407.54
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 1,055.54

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 1,352.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb		
	First Name	Middle Name	Last Name
Debtor 2	Priscilla Gail Cobb		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 137,229.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 137,229.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 23,265.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 160,494.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 70,009.80
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 70,009.80
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 15,489.98
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 15,489.98
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 108,118.79
		Your total liabilities \$ 193,618.57

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 2,407.54
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,407.54
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 1,055.54
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,055.54

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Marvin Alexander Cobb**Debtor 2 **Priscilla Gail Cobb**

the court with your other schedules.

Case number (if known) _____

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,924.59

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>10,194.98</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>56,380.12</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>66,575.10</u>

Fill in this information to identify your case:

Debtor 1	Marvin Alexander Cobb	
	First Name	Middle Name
Debtor 2	Priscilla Gail Cobb	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	
Case number (if known)		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Marvin Alexander Cobb

Marvin Alexander Cobb
Signature of Debtor 1

Date August 2, 2017

/s/ Priscilla Gail Cobb

Priscilla Gail Cobb
Signature of Debtor 2

Date August 2, 2017

United States Bankruptcy Court
Eastern District of North Carolina (NC Exemptions)

In re **Marvin Alexander Cobb**
Priscilla Gail Cobb

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 4,950.00
Prior to the filing of this statement I have received	\$ 0.00
Balance Due	\$ 4,950.00

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Exemption planning, Means Test planning, and other items if specifically included in attorney/client fee contract or required by Bankruptcy Court local rule. May include fee paid to outside attorney for assistance at 341 meeting.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, and any other items excluded in attorney/client fee contract or excluded by Bankruptcy Court local rule.

Fee also collected, where applicable, include such things as: Pacer access: \$10 per case, Credit Reports: \$10 each, Judgment Search: \$10 each, Credit Counseling Certification: Usually \$34 per case, Financial Management Class Certification: Usually \$8 each, Use of computers for Credit Counseling briefing or Financial Management Class: \$10 per session, or paralegal typing assistance regarding credit counseling briefing: \$75 per session.

In re Marvin Alexander Cobb
Priscilla Gail Cobb Case No. _____
Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 2, 2017

Date

/s/ R. Lee Roland for LOJTO

R. Lee Roland for LOJTO 41930

Signature of Attorney

The Law Offices of John T. Orcutt, PC

6616-203 Six Forks Road

Raleigh, NC 27615

(919) 847-9750 Fax: (919) 847-3439

postlegal@johnorcutt.com

Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
<u>\$335</u> total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+	\$550 administrative fee
	\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:	
Debtor 1	Marvin Alexander Cobb
Debtor 2 (Spouse, if filing)	Priscilla Gail Cobb
United States Bankruptcy Court for the:	Eastern District of North Carolina (NC Exemptions)
Case number (if known)	

Check as directed in lines 17 and 21:	
According to the calculations required by this Statement:	
<input checked="" type="checkbox"/>	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
<input type="checkbox"/>	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
<input checked="" type="checkbox"/>	3. The commitment period is 3 years.
<input type="checkbox"/>	4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>3,328.59</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>596.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

Debtor 1
Debtor 2Marvin Alexander Cobb
Priscilla Gail Cobb

Case number (if known) _____

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

_____ \$ **0.00** \$ **0.00**
_____ \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any. + \$ **0.00** \$ **0.00**

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **3,924.59** + \$ **0.00** = \$ **3,924.59**

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ **3,924.59**

13. Calculate the marital adjustment. Check one:

You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

_____ \$ _____
_____ \$ _____
+ \$ _____
Total \$ **0.00** Copy here=> - **0.00**

14. Your current monthly income. Subtract line 13 from line 12.

\$ **3,924.59**

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=> \$ **3,924.59**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. \$ **47,095.08**

Debtor 1
Debtor 2Marvin Alexander Cobb
Priscilla Gail Cobb

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

NC

16b. Fill in the number of people in your household.

3

16c. Fill in the median family income for your state and size of household.

\$ 64,521.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 3,924.59

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 3,924.59

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 3,924.59

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 47,095.08

20c. Copy the median family income for your state and size of household from line 16c.

\$ 64,521.00

21. How do the lines compare?

 Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1
Debtor 2**Marvin Alexander Cobb**
Priscilla Gail Cobb

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Marvin Alexander Cobb**Marvin Alexander Cobb**

Signature of Debtor 1

Date **August 2, 2017**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Priscilla Gail Cobb**Priscilla Gail Cobb**

Signature of Debtor 2

Date **August 2, 2017**

MM / DD / YYYY

Employment Security Commission
Attn: Benefit Payment Control
Post Office Box 26504
Raleigh, NC 27611-6504

Amcol Systems, Inc.
111 Lancewood Road
Columbia, SC 29210

Delta Management Associates, Inc
Post Office Box 9191
Chelsea, MA 02150

NC Child Support
Centralized Collections
Post Office Box 900006
Raleigh, NC 27675-9006

American Financial Solutions
P.O. Box 65018
Baltimore, MD 21264

Dept of Education/Navient
Post Office Box 9655
Wilkes Barre, PA 18773-9655

Equifax Information Systems LLC
P.O. Box 740241
Atlanta, GA 30374-0241

American Student Assistance
Post Office Box 415499
Boston, MA 02241-5499

DIRECTV
ATTN: Bankruptcies
Post Office Box 6550
Greenwood Village, CO 80155-6550

Experian
P.O. Box 2002
Allen, TX 75013-2002

AmeriFinancial Solutions, LLC
Post Office Box 65018
Baltimore, MD 21264-5018

Duke Healthcare
5213 South Alston Avenue
Durham, NC 27713

Trans Union Corporation
P.O. Box 2000
Crum Lynne, PA 19022-2000

AT&T
Wireless Correspondence
Post Office Box 10330
Fort Wayne, IN 46851-0330

Duke Medicine
5213 South Alston Avenue
Durham, NC 27713

Internal Revenue Service (ED)**
Post Office Box 7346
Philadelphia, PA 19101-7346

Atlantic Family Dental:
Robert Eisberg DDS
3944 Atlantic Avenue
Raleigh, NC 27604

Duke Raleigh Hospital
Post Office Box 70841
Charlotte, NC 28272-0841

US Attorney's Office (ED)**
310 New Bern Avenue
Suite 800, Federal Building
Raleigh, NC 27601-1461

Cary Cardiology
Post Office Box 5606
Cary, NC 27512

Durham County EMS
402 Stadium Drive
Durham, NC 27704

North Carolina Dept. of Revenue**
Post Office Box 1168
Raleigh, NC 27602-1168

Chase
Post Office Box 15298
Wilmington, DE 19850-5298

ERC
8014 Bayberry Road
Jacksonville, FL 32256

Afni, Inc.
404 Brock Drive
Post Office Box 3097
Bloomington, IL 61701

Coastal Federal Credit Union
Attn: Managing Agent
Post Office Box 58429
Raleigh, NC 27658

Family Medical Associates
of Raleigh, PA
3500 Bush Street, Ste 103
Raleigh, NC 27609-7509

HRW, Inc.
4700 Homewood Court
Suite 380
Raleigh, NC 27609

Professional Account Management LLC
Post Office Box 6649
Rockville, MD 20849-6649

The Eye Center Doctors of Optom
302 Cross Creek Mall
Fayetteville, NC 28303

Law Office of John T Orcutt
6616 Six Forks Road
Suite 203
Raleigh, NC 27615

Raleigh Emergency Med Assoc.
3737 Glenwood Avenue
Suite 100
Raleigh, NC 27612-5515

U.S. Attorney General
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

LCA Collections
Post Office Box 2240
Burlington, NC 27216-2240

Raleigh Radiology
Post Office Box 2090
Morrisville, NC 27560

UNC Health Care
Patient Financial Services
200 Eastowne Drive
Chapel Hill, NC 27514

McLauring Parking
Post Office Box 781
Raleigh, NC 27602

RPM Receivables Management
20816 44th Avenue W.
Ste 100
Lynnwood, WA 98036

Wake County EMS
Post Office Box 863
Lewisville, NC 27023

National General Insurance
Post Office Box 3199
Winston Salem, NC 27102-3199

Safe Home Security, Inc
55 Sebethe Drive
Suite 201
Cromwell, CT 06416

Wake County Tax Collector
Post Office Box 2331
Raleigh, NC 27602

NC Department of Justice
for NC Department of Revenue
Post Office Box 629
Raleigh, NC 27602-0629

SafeLight Raleigh
Post Office Box 28448
Raleigh, NC 27611-8448

Wake Emergency Physicians
Post Office Box 2249
Pawleys Island, SC 29585-2249

Optimum Outcomes Inc
P.O. Box 58015
Raleigh, NC 27658

Santander Consumer USA
Attn: Bankruptcy/Managing Agent
Post Office Box 560284
Dallas, TX 75356-0284

Wake Radiology Diagnostic Imagin
Post Office Box 603435
Charlotte, NC 28260-3435

Physicians Lab Consultants
Post Office Box 100559
Florence, SC 29501-0559

Shapiro & Ingle, LLP
10130 Perimeter Parkway
Suite 400
Charlotte, NC 28216

WakeMed
Bankruptcy Dept.
Post Office Box 29516
Raleigh, NC 27626

Pinnacle Recovery, Inc.
Post Office Box 130848
Carlsbad, CA 92013-0848

The Bone and Joint Surgery Clinic
3410 Executive Drive
Suite 103
Raleigh, NC 27609

WakeMed Health and Hospitals
Post Office Box 29516
Raleigh, NC 27626

Wakemed Patient Financial Serv.
Post Office Box 14465
Raleigh, NC 27620-4465

WakeMed Physician Practices
Post Office Box 14465
Raleigh, NC 27620-4465

Wells Fargo Home Mortgage
Attn: Managing Agent
Post Office Box 10335
Des Moines, IA 50306

Westgate Group LLC
11973 Westline Industrial Drive
Saint Louis, MO 63146-3203

**United States Bankruptcy Court
Eastern District of North Carolina (NC Exemptions)**

In re **Marvin Alexander Cobb
Priscilla Gail Cobb**

Debtor(s)

Case No.

Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **August 2, 2017**

/s/ Marvin Alexander Cobb

Marvin Alexander Cobb

Signature of Debtor

Date: **August 2, 2017**

/s/ Priscilla Gail Cobb

Priscilla Gail Cobb

Signature of Debtor